recite 45th 6/03/12 + 30days

PRINTED: 06/26/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445260	A. BUILDING _____ B. WING _____	R 06/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIARCLIFF HEALTH CARE CENTER	100 ELMHURST DR OAK RIDGE, TN 37830

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A revisit survey was completd on June 13, 2012, following acceptance of a Plan of Correction after an Annual Recertification survey. F - 364 originally cited at a "D" level scope and severity was recited at a "D" level scope and severity. The facility is required to submit a Plan of Correction for F - 364.	F 000	**This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal law, and not because Briarcliff Healthcare Facility agrees with allegation(s) and citation(s) listed on this Statement of Deficiencies. Briarcliff Healthcare Facility maintains that the alleged deficiencies do not individually or collectively constitute substandard care or jeopardize the health and safety of the residents; nor are they of such character so as to limit our capability to render adequate care. This Plan of Correction shall also serve as the facility's written Credible Allegation of Compliance.**	
{F 364} SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to provide food served at the proper temperature for one (#4) of five residents reviewed. The findings included: Observation with the Dietary Manager on June 13, 2012, at 11:35 a.m., in the Dietary Department, revealed a test tray was requested, prepared and placed on the food cart for the 400, 500, and 600 hall. Observation on June 13, 2012, at 12:10 p.m., revealed the last tray had been served from the food cart. Continued observation, at this time, with the Dietary Manager revealed the temperature of the pork roast with gravy on the	{F 364}	**F-364** Dietary Manager discussed appropriate food temperatures with residents #4 and communicated the dietary departments plan for continued compliance. Interviews were conducted by Dietary Manager or Designee with other residents to identify any additional concerns with food temperatures and no other issues were identified. The Dietary Manager will complete temperature audits on test trays daily 5 times a week to ensure all food is served at the appropriate temperature. All staff members will be re-educated regarding the importance of timely delivery of each meal tray. Administrative staff will monitor tray pass on the hall to ensure timely delivery.	06-14-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jodie Jones	Administrator	6-26-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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BRIARCLIFF HEALTH CARE CENTER	100 ELMHURST DR OAK RIDGE, TN 37830

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{F 364}	Continued From page 1 test tray was 116 degrees, the peas were 112 degrees, and the milk was 52 degrees. Review of facility policy, Minimum Temperature at Point of Service, dated February 7, 2011, revealed "...The minimum temperature of the food at point of service to the resident should be: Hot Food > (greater) 120 F (Fahrenheit)...Cold Food < (less) 50 F." Interview with Resident #4 on June 12, 2012, at 8:25 a.m., revealed the resident's breakfast meal was not warm enough, and the food was often served cold. Interview on June 13, 2012, at 12:12 p.m., with the Dietary Manager, in the hallway, confirmed the facility failed to provide food served at the proper temperature.	{F 364}	The Dietary Manager and/or the DON will observe tray delivery process at random meals for 4 weeks then monthly thereafter. Results will be discussed for 3 months in the monthly Continuous Quality Improvement meeting comprised of the DON, Risk Manager, Medical Director, Social Services Director, Dietary Manager, Rehab Director, Staff Development Coordinator, Admissions Director, Activities Director, Restorative Nurse, Wound Care Nurse, Director of Medical Records and Administrator for Quality Assurance.	